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Application Number	09/669,301
Filing Date	09/25/00
First Named Inventor	Kudlicki et al.
Art Unit	
Examiner Name	
Attorney Docket Number	6523US (formerly AMB1:052US)

**I hereby revoke all previous powers of attorney given in the above-identified application.**☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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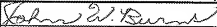
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature



Name

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Date

1/7/02

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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